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ZILKA · KOTAB

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FAX COVER SHEET

Date: July 7, 2005	Phone Number	Fax Number
To: Examiner Shiferaw		(703) 872-9306
From: Kevin J. Zilka		
Docket No.: NAI1P012/01.132.01	App. No:	09/895,498
Total Number of Pages Being Transmitted, Incl	uding Cover Sheet: 19	
Message:		
Please deliver to Examiner Shiferaw.		
Thank you,		
Kevin J. Zilka		

entity named above. If the reader of this message is not the intended recipient, you are the reby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect) and return the original message to us at the above address via the U.S. Postal Service. Thank you.

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ANY OTHER DIFFICULTY, PLEASE PHONE ______Erica_____
AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

July 6, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

RECEIVED CENTRAL FAX CENTER

JUL 0 7 2005

In re the application of:

J. Magdych et al.

Application No.

09/895,498

Filed: 06/29/2001

SYSTEM, METHOD AND COMPUTER

PROGRAM PRODUCT FOR DETECTING MODIFICATIONS TO RISK ASSESSMENT

SCANNING CAUSED BY AN **INTERMEDIATE DEVICE**

) Date: July 7, 2005

) Ex.: Shiferaw, Eleni A.

) Art Unit: 2136

) Docket:

CERTIFICATE OF FACSIMILE

NAI1P012/01.132.01

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria NA 22313-1450 at facsimile number: (703) 872-9306 on the above date.

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

 \boxtimes

Transmitted herewith is an amendment in the above-identified application.

X Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.

If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NAI1P012). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted, Zilka-Korab PC

Kevin J/Zilka

Registration No. 41,429

P.O. Box 721120

San Jose, CA 95172-1120

Telephone: (408) 971-2573

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:)) Art Unit: 2136	
	J. Magdych et al.)) Ex.: Shiferaw, Eleni A.	
Applic	ation No. 09/895,498) Docket:	
Filed:	06/29/2001) NAI1P012/01.132.01	
For:	SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT FOR DETECTING MODIFICATIONS TO RISK ASSESSMENT SCANNING CAUSED BY AN INTERMEDIATE DEVICE	Date: July 7, 2005	
	•	OFF MEDICA SER OF BACODE SE	

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria WA 12313-1450 at facsimile number: (703) 872-9306 on the thoughdate.

9300 on the alking date

Erica L. Farlo

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.

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Respectfully submitted, Zilka-Kozab, PC

Kevin J Zilka Registration No. 41,429

P.O. Box 721120 San Jose, CA 95172-1120 Telephone: (408) 971-2573

(Revised 1/96)

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JUL 0 7 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re th	ne application of:)
	J. Magdych et al.) Art Unit: 2136)
Applic	eation No. 09/895,498) Ex.: Shiferaw, Eleni A.
) Docket:
Filed:	06/29/2001	NAI1P012/01.132.01
For:	SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT FOR DETECTING) Date: July 7, 2005
	MODIFICATIONS TO RISK ASSESSMENT	
	SCANNING CAUSED BY AN) ·
	INTERMEDIATE DEVICE	

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 223 3-1450 at facsimile number: (703) 872-9306 on the floated date.

Signed:

Frica L. Farlow

AMENDMENT C

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to an Office Action mailed on June 14, 2005, please enter the following in the above application: